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TO:	FROM:
Office of Initial Patent Examination	Sally Hartway
COMPANY:	DATE:
United States Patent Office	22.May.2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571)-273-8300	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(571) 272-4000	10043.0100
RE:	YOUR REFERENCE NUMBER:
Power of Attorney	US Patent Application No. 10/629,043

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please contact Sally Hartway at 480-994-9888 ext. 813 if there are any questions.

Thank you.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/629,043</td> </tr> <tr> <td>Filing Date</td> <td>July 28, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Littel</td> </tr> <tr> <td>Title</td> <td>Male Genital Protection Device</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td>Henry Bonnett</td> </tr> <tr> <td>Attorney Docket Number</td> <td>10043.0100</td> </tr> </table>	Application Number	10/629,043	Filing Date	July 28, 2003	First Named Inventor	Littel	Title	Male Genital Protection Device	Art Unit		Examiner Name	Henry Bonnett	Attorney Docket Number	10043.0100
Application Number	10/629,043														
Filing Date	July 28, 2003														
First Named Inventor	Littel														
Title	Male Genital Protection Device														
Art Unit															
Examiner Name	Henry Bonnett														
Attorney Docket Number	10043.0100														

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SR/96)

SIGNATURE of Applicant or Assignee of Record

Signature Mark A. Little

Name Mark A. Little

Title and Company

Date 05-08-06

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Attach multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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